

**PART B—ISSUE FEE TRANSMITTAL**

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**Assistant Commissioner for Patents**  
**Washington, D.C. 20231**



B78

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CHRISTIE PARKER & HALE  
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PASADENA CA 91109-7068

HM32/7012

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PEGGY GOLDNER

(Depositor's name)

Peggy Oldner

(Signature)

January 11, 2000

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/081,926	05/20/98	024	TUNG, J	1653 10/12/98
First Named Applicant	PEDDADA,	35 USC 154(b) term ext. =	0 Days.	

**TITLE OF INVENTION** EFFICIENT ALGORITHM FOR PCR TESTING OF BLOOD SAMPLES

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1 32638/WPC	435-005.000	C84	UTILITY	NO. .	\$1210.00	01/12/00

- |   |   |
|---|---|
| <p>1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.</p> <p><input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</p> <p><input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.</p>  | <p>2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.</p> <p>1 <u>CHRISTIE, PARKER &amp; HALE, LLP</u></p> <p>2 _____</p> <p>3 _____</p> |
| <p>3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)</p> <p><b>PLEASE NOTE:</b> Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.</p> <p>(A) NAME OF ASSIGNEE<br/> <b>ALPHA THERAPEUTIC CORPORATION</b></p> <p>(B) RESIDENCE: (CITY &amp; STATE OR COUNTRY)<br/> <b>LOS ANGELES, CALIFORNIA</b></p> <p>Please check the appropriate assignee category indicated below (will not be printed on the patent)</p> <p><input type="checkbox"/> individual      <input checked="" type="checkbox"/> corporation or other private group entity      <input type="checkbox"/> government</p> |   |
| <p>4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):</p> <p><input checked="" type="checkbox"/> Issue Fee</p> <p><input checked="" type="checkbox"/> Advance Order - # of Copies <u>10</u></p> <p>4b. The following fees or deficiency in these fees should be charged to:<br/> DEPOSIT ACCOUNT NUMBER <u>03-1728</u><br/> (ENCLOSE AN EXTRA COPY OF THIS FORM)</p> <p><input type="checkbox"/> Issue Fee</p> <p><input type="checkbox"/> Advance Order - # of Copies _____</p>   |   |

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

**(Authorized Signature)**

20 271

(Date)

01/11/2000

1926

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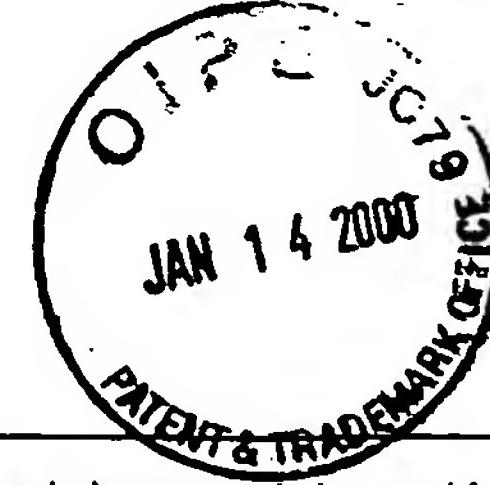
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1 CHRISTIE, PARKER & HALE, LLP

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

ALPHA THERAPEUTIC CORPORATION

(B) RESIDENCE: (CITY &amp; STATE OR COUNTRY)

LOS ANGELES, CALIFORNIA

Please check the appropriate assignee category indicated below (will not be printed on the patent)

individual  corporation or other private group entity  government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

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29.371

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